

Date: _____

Application Fee: \$100.00



GUIDE TO EXCAVATING CONTRACTORS REGISTRATION

Pursuant to section 6-19 of the General Code of the City of Chelsea Ordinance, all excavating contractors must obtain registration annually before conducting any excavating activities in the City. Registration is valid from the issue date through the following April. The fee is \$100.00

Complete this application for registration as instructed below

1. Fill in all information requested on the application. Fill in and sign the REAP attestation. Fill in and sign the State Dept. of Industrial accidents workers compensation insurance affidavit- General Business.
2. Obtain a bond in the amount of \$10,000. If you are a corporation, attach the certificate of Corporate Authority showing proof of legal authority to bind corporation.
3. If you are renewing a current registration, obtain a continuation certificate showing that your existing bond remains in effect.
4. If your business has a City of Chelsea address, obtain a sign-off on the certificate of good standing by the City Treasurer (City Hall, 500 Broadway, 617-466-4240), to confirm that all taxes, fines have been paid, during the following hours: Mon, Wed & Thurs 8am-4pm, Tues 8am-7pm, Fri 8am-12pm please note that the Treasury requires five (5) business days for processing.
5. Submit the application to the Department of public works (City Hall, 500 Broadway, Room 310) the director of Public Works has up to ten days to sign off on the application, before the registration can be issued.

Any questions call DPW 617-466-4200

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FOR DPW USE ONLY

Date Recorded _____

Approved By: _____

Signature

Paid ☐ Check ☐ Money Order

APPLICATION FOR EXCAVATING CONTRACTORS

- ☐ New Application
- ☐ Renewing Application with Additions or changes
- ☐ Renewing Application with NO Additions or changes

Business Name: _____ Business DBA Name (if applicable) _____

Address: _____
Street City State Zip Code

Cell Phone: _____ Work Phone: _____

Mailing Address (where we should send correspondence to)

Street

City

State

Zip Code

Emergency Contact 1. _____ Phone: _____

Emergency Contact 2. _____ Phone: _____

Type of Business (Check one): ☐ Individual ☐ Sole Proprietorship ☐ corporation ☐ Association ☐ Partnership

If an Individual or Sole Proprietorship:

Owner's Name: _____

Address: _____
Street City State Zip Code

If a Corporation or Association:

President's Name: _____

Address: _____
Street City State Zip Code

Secretary's Name: _____

Address: _____
Street City State Zip Code

Treasure's Name: _____

Address: _____
Street City State Zip Code

If a Partnership (attach additional sheets as necessary):

Partner 1's Name: _____

Address: _____
Street City State Zip Code

Partner 2's Name: _____

Address: _____
Street City State Zip Code

Date: _____

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Attach a Bond in the amount of \$10,000. If you are a corporation, attach the certificate of Corporate Authority showing that whoever signs for the corporation has the legal authority to do so.

ACKNOWLEDGEMENT

I hereby state that all the information provided on this application is true and accurate, and I understand that any information that is found to be false or misleading may result in the forfeiture of this license. This license will be subject to all terms, conditions, and limitations set forth in the City of Chelsea Department of Public Works, any applicable State and Federal laws, and any conditions prescribed by the City of Chelsea.

Signature of Applicant: ➔ _____ Date: _____

Print Name: _____ Phone: _____

Date: _____

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**MASSACHUSETTS DEPARTMENT OF REVENUE
REVENUE ENFORCEMENT AND PROTECTION (REAP) ATTESTATION**

I certify under the penalties of perjury that I, to my best knowledge and belief, have filled all State tax returns and paid all State taxes required under law.

Signature of individual or Corporate Name (Mandatory) → _____

By: Corporate Officer (Mandatory, if a corporation) → _____

Social Security Number (Voluntary) or Federal Identification Number (Mandatory, if a corporation) _____

This license will not be issued unless this certification clause is signed by the applicant

Your Social Security Number will be furnished to the Massachusetts Department of Revenue to determine whether you have met tax filing or tax payment obligations. Licensees who fail to correct their non-filing or delinquency **will be subject to license suspension or revocation.** This request is made under the authority of Mass. G.L.c. 62C, § 49A.

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WARNING: TREASURY NEEDS FIVE BUSINESS DAYS TO PROCESS THIS FORM.

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: _____

Address of taxpayer/applicant's business in Chelsea: _____

Street City State Zip Code

Address of taxpayer/applicant's home in Chelsea: _____

Street City State Zip Code

Taxpayer/ applicant's phone: Day: _____ Evening; _____

I, _____, undersigned Taxpayer, do hereby certify that all the information contained herein is true and correct and all taxes and fees due to the City have been paid or that the Taxpayer has entered an agreement to pay all taxes and fees and is current on said agreement.

SIGNED UNDER THE PAINS AND PENALTIES OF PERJURY, this _____ day of _____, 20____.

→ _____
(Taxpayers Signature)

CITY'S ACKNOWLEDGEMENT

Date of Issuance: _____ Includes relevant posting through: _____

TAXES AND ACCOUNT NUMBER(S) INCLUDED IN CERTIFICATE:

☐ Real Estate ☐ Water/ Sewer ☐ Personal Property ☐ Other: _____

_____ # _____ # _____ # _____

NOTES:

Clerk's Initials: _____ Original Stamp: _____

The Commonwealth of Massachusetts
Department of Industrial Accidents
Office of Investigations
600 Washington Street
Boston, Mass. 02111

Workers' Compensation Insurance Affidavit - General Businesses

Applicant information: Please PRINT legibly

name: _____

address: _____

city: _____ state: _____ zip: _____ phone #: _____

work site location (full address): _____

☐ I am a sole proprietor and have no one working in any capacity.
☐ I am an employer with _____ employees (full & part time).
☐ I am an employer providing workers' compensation for my employees working on this job.

Business Type: ☐ Retail ☐ Restaurant/Bar/Eating Establishment
☐ Office ☐ Sales (including Real Estate, Autos etc.)
☐ Other

company name: _____

address: _____

city: _____ phone #: _____

insurance co.: _____ policy #: _____

☐ I am a sole proprietor and have hired the independent contractors listed below who have the following workers' compensation policies.

company name: _____

address: _____

city: _____ phone #: _____

insurance co.: _____ policy #: _____

company name: _____

address: _____

city: _____ phone #: _____

insurance co.: _____ policy #: _____

Attach additional sheet if necessary

Failure to secure coverage as required under Section 25A of MGL 152 can lead to the imposition of criminal penalties of a fine up to \$1,500.00 and/or one years' imprisonment as well as civil penalties in the form of a STOP WORK ORDER and a fine of \$100.00 a day against me. I understand that a copy of this statement may be forwarded to the Office of Investigations of the DIA for coverage verification.

I do hereby certify under the pains and penalties of perjury that the information provided above is true and correct.

Signature: _____ Date: _____

Print name: _____ Phone #: _____

official use only do not write in this area to be completed by city or town official

city or town: _____ permit/license #: _____

☐ check if immediate response is required

contact person: _____ phone #: _____
(revised Sept. 2003)

☐ Building Department
☐ Licensing Board
☐ Selectmen's Office
☐ Health Department
☐ Other

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CERTIFICATE OF CORPORATE AUTHORITY

I, _____, clerk of _____
Name of clerk or secretary Name of Corporation

Hereby certify that, at a meeting of the Board of Directors of said Corporation duly held on the _____ day of _____, at which a quorum was present and voting throughout, the following vote was duly
Month Year Date
Passed and is now in full force and effect:

VOTED: That _____ be and hereby
Name of Officer authorized to sign for the Corporation

Is authorized, directed and empowered, in the name and on behalf of this Corporation, to sign, seal with corporate seal, execute, acknowledge and deliver all contracts, bonds and other obligations of the corporation, the execution of any such contact, bond or obligation by such _____ to
Name of Officer authorized to sign for the Corporation

Be valid and binding upon this Corporation for all purposes. This vote remains in full force and effect, and has not been altered, amended or revoked by a subsequent vote of such directors.

I further certify that _____ is the duly elected _____ of
Name of Officer authorized to sign for the Corporation Title
Said Corporation.

Signed _____
Clerk or Secretary

Place of Business _____

Date _____

AFIX CORPORATE SEAL HERE

In the event that the Clerk or Secretary is the same person as the officer authorized to sign that contract, bond or other instrument for the Corporation, this certificate must be counter-signed by another Officer of the Corporation.

Countersigned → _____

Name & Title of Countersigning Officer _____

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MUNICIPAL REFERENCES

1. Municipality: _____

Contact Name: _____

Contact Telephone No: _____

2. Municipality: _____

Contact Name: _____

Contact Telephone No: _____

3. Municipality: _____

Contact Name: _____

Contact Telephone No: _____